Revised July 2012

## United States District Court for Western District of Tennessee MOTION FOR LEAVE TO APPEAR PRO HAC VICE

| Case litle  |       |               |  |  |
|---|-------|---------------|--|--|
| Plaintiff   |       |               |  |  |
| Defendant   |       |               |  |  |
| Case Number   | Judge |               |  |  |
| I, hereby apply to the United States District Court for the Western District of Tennessee, pursuant to Local Rule 83.4(d), for permission to appear and participate in the above-entitled action on behalf of by whom I have been retained.  I am a member of good standing and eligible to practice before the following courts: |       |               |  |  |
| Title of Court  |       | Date Admitted |  |  |
|   |       |               |  |  |
|   |       |               |  |  |
|   |       |               |  |  |
|   |       |               |  |  |
|   |       |               |  |  |

I certify that I subject myself to the jurisdiction of the United States District Court for the Western District of Tennessee and have obtained and have familiarized myself with and agree to be bound by the Western District of Tennessee Local Rules, Tennessee Supreme Court Rule 8 (Rules of Professional Conduct) and the Guidelines of Professional Courtesy and Conduct.

Please find attached a certificate of good standing from the highest Court of a state or the District of Columbia, and from a United States District Court.

A proposed order, in word processing format, granting this Motion will be emailed to the ECF mailbox of the presiding judge.

The pro hac vice admission fee is \$150.00 that shall be paid to the Clerk of Court through the Court's Electronic Case Filing System's pay.gov feature.

| I hereby certify that the information provided below is true and accurate: |            |                                   |                     |              |  |  |
|--|------------|-----------------------------------|---------------------|--------------|--|--|
| Applicant's Last Name  | First Name |                                   | Middle Name/Initial |              |  |  |
| Applicant's Firm Name  |            |                                   |                     |              |  |  |
| Applicant's Address  |            |                                   | Room/               | Suite Number |  |  |
| City   |            | State                             |                     | Zip Code     |  |  |
| Applicant's Email Address  |            |                                   |                     |              |  |  |
| Applicant's Phone Number(s)  |            |                                   |                     |              |  |  |
| Certificate of Consultation  |            |                                   |                     |              |  |  |
|  |            |                                   |                     |              |  |  |
|  |            |                                   |                     |              |  |  |
|  |            |                                   |                     |              |  |  |
| Date   |            | Electronic Signature of Applicant |                     |              |  |  |
|  |            | S/                                |                     |              |  |  |